

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

RECEIVED

DEC 14 2012

PSO SC  
CLERK'S OFFICE

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2007 - 408 - T

If this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by: Jabari Seabrook

Address: 164 Market St - 331  
Charleston SC 29401

Telephone: 843.425.9866

Fax: 843-628-7718

Other:

Email: jabari@tntlimoservices.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application   | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of<br>Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension  | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

241005

## CLASS C REINSTATEMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 12/14/12

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☒ Charter Certificate Number 7896-A
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 12/10/12 because our 2011  
 (DATE)

ANNUAL REPORT WAS NOT TURNED IN ON TIME.

I am seeking reinstatement because our ANNUAL REPORT IS COMPLETE  
AND HAS BEEN SUBMITTED TO CAROLE CHAULIN.

TOP NOTCH TRANSPORTATION + Limo SERVICES DBA \_\_\_\_\_  
 (Name of Company) (if applicable)

164 MARKET ST - 331  
 (Street Address) (Mailing Address if different from Street Address)

CHARLESTON SC 29401  
 (City, State, Zip Code) (Signature)

843-425-9866  
 (Telephone Number) (Title) Owner, President, etc.

# Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY

OF

Transportation

Top Notch Transportation & Limo Services, llc

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2010

☒ Calendar Year Ending December 31, 2011

☐ Fiscal Year Ending \_\_\_\_\_ or \_\_\_\_\_